Application or Docket Number 10-770, 709

												-	
CLAIMS AS FILED - PART I (Column 1) (Colum						ımn 2)		MALL E	NTITY	OR		THAN ENTITY	
TOTAL CLAIMS			29				Г	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			2 9 minus 20=		• 9			XS 9=		OR	XS18=	110	
INDEPENDENT CLAIMS.			9 minus 3 =		*		 	X43=	1	1	X86=	162	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT				-			OR	<u>-</u>	87	
* If the difference in column 1 is less than zero, enter					"0" in c	column 2	L	+145=		OR	+290=		
CLAIMS AS AMENDED - PART II								TOTAL	L	OR	TOTAL	1018	
9-20-07 (Column 1)					(Column 2) (Column 3)			SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 89	Minus	- á	9	=		XS 9=		OR	X\$18=		
	Independent	· 4	Minus	4	<u></u>	=].		X43=		OR	X86=		
Щ.	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM	<u>/ Ll</u>	1	+145=		OR	+290=		
								TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**				X\$ 9=		OR	X\$18=		
	Incependent	NTATION OF ME	Minus	***				X43=	,	OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145=		OR	+290=		
								TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= .	\ \ \ \ \ \	(\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	 	(43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											∧00=		
• If	the entry in colur	nn 1 is less than the	entry in colu	mo 2 write *	O" in col-	mo 3	<u></u>	145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OR TOTAL ADDIT. FEE													
7	he *Highest Num	ber Previously Paid	For (Total or	Independen	it) is the f	nighest number	found i	in the app	ropriate box	in colu	mn 1.		